

Signature of individual requesting amendment

APPLICATION AMENDMENT FORM

Revised 6/02

Mail to: DWR 1594 West North Temple, Box 146301, Salt Lake City, UT 84114-6301 ATTN: Drawing Specialist.

Must be received no later than the end of the application deadline you are amending for.

Step #1) Person reques	ting amen	dment:				
Client # (SSN)	Last Na	ame	First Name	N	M.I.	Date of Birth
Day Phone Number	Mailing	g address				
<u> </u>						
C4an #2) WIL: 1. 1	- 41. :	1				
Step #2) Which draw is this amendment for:						
\square Cougar; \square Turkey; \square Big Game; \square Black Bear; \square Antlerless; \square Sandhill Crane; \square Swan						
Step #3) Please check the type of application originally submitted: \square Mail OR \square Internet						
If Internet application provide the following: Session ID and Confirmation #						
Step #4) Is this amendment for: (please check one of the following)						
\square *Addition of a group member \square Group Application \square Individual Application						
(Go to Step # 5) (Go to step #6) (Go to step #7)						
*If your amendment is to add an individual(s) to your group, they MUST already have an individual application submitted						
either by mail or Internet by the application deadline date. NO EXCEPTIONS. (go to step #5)						
Step #5) Addition of a Group Member – Provide the following information for additional group member(s):						
(If adding more than one individ	lual to your gr	roup, please provide the same		of this form.)		
Client # (SSN)	Last Name		First Name		M.I.	Date of Birth
1.						
1.					+-	
2.						
2.					_	
3.						
4.						
Total number of appl	icants in g	group:				
Step #6) Group Application Amendment – Provide the following information of ALL group members:						
(If you need space for additional					L grou	p memoers.
Client # (SSN)	Last Name	, p	First Name		M.I.	Date of Birth
1.						
2						
2.						
3.						
3.					+	
4.						
Total number of appl	icants in o					
	-		· · · · · · · · · · · · · · · · · · ·	amuli aati a		dan af muafaman a a(a).
<i>Step #7)</i> Provide hunt	choice nui	nder information from	1 your ORIGINAL	<u>application</u>	n in or	der of preference(s):
Hunt Choice Number(s)	l.	2.	3.	4.		5.
Step #8) Provide new 1	hunt choic	e number in order of t	oreference(s):			
Step no) Hovide new		e number in order or p		T		
Hunt Choice Number(s)		2.	3.	4.		5.
If you have further ques	tions regai	rding this amendment.	, please call (801) 5	538-4844.		
This form MUST have a notarized signature.						
Notary Public:						

Date